The Alberta Tobacco Reduction Strategy

Sustaining the momentum

June 2008

Alberta Health Services

Alberta

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Executive summary

Tobacco use is responsible for substantial economic costs to the province in terms of health-care expenditures. It is the leading preventable cause of illness, disability and premature death in Alberta.

Since the inception of the Alberta Tobacco Reduction Strategy (ATRS) in 2002, Alberta's tobacco use rate has decreased from 25% to 21%, and there are now more former smokers than current ones.

The goals of the ATRS relate to three major focus areas: prevention of tobacco use by youth, cessation of tobacco use by current tobacco users, and protection of all Albertans from second-hand smoke. Working together, ATRS stakeholders have made significant progress toward these goals. Legislation restricting where people can smoke has been introduced. Prevention and cessation programs have been developed and implemented.

Building on our valued partnerships, the ATRS goals are now aligned with the Federal Tobacco Control Strategy as follows:

- Prevention: prevent youth from beginning to use tobacco products, so that the rate of smoking by Albertans aged 15–17 is 9% or less by 2011/2012.
- Cessation: encourage and assist current tobacco users to quit, so that the rate of smoking by Albertans aged 15 and older is 12% or less by 2011/2012.
- Protection: eliminate exposure to second-hand smoke in all public spaces and all workplaces in Alberta.

ATRS stakeholders are committed to protecting the health of Albertans and support policies designed to reduce harm associated with tobacco use. Such policies include increased taxation and banning smoking in vehicles where minors are present.

To ensure the continuation of comprehensive, complementary, collaborative and sustainable interventions to address the three goals of the ATRS, key foundational elements must be enhanced. Within this framework, specific approaches for moving forward are identified based on current best practice, as well as through stakeholder consultations:

- School-based programs
- Community capacity building
- Marketing, public awareness and communication
- Cessation programs
- Policy initiatives
- Research and evaluation
- Leadership and support

The Alberta Tobacco Reduction Strategy: Sustaining the Momentum recognizes the accomplishments in tobacco prevention, cessation and protection since 2002, amd looks forward to opportunities to expand on our current momentum in tobaccco reduction.

Introduction

The Alberta Tobacco Reduction Strategy (ATRS) was introduced in April 2002. Co-ordinated and led by Alberta Health Services–Alberta Alcohol and Drug Abuse Commission (AHS–AADAC)*, the ATRS is a 10-year plan to increase the wellness of Albertans and decrease health-care costs and other costs related to tobacco use. The goals of the ATRS relate to three major focus areas: prevention of tobacco use by youth, cessation of tobacco use by adults and youth, and protection of all Albertans from second-hand smoke.

To unite and guide local, regional and provincial partners in their efforts to achieve these goals, the strategy provides a set of principles, desired outcomes and key approaches, ensuring that overall efforts are comprehensive, complementary, collaborative and sustainable.

Working together, ATRS stakeholders have made significant progress toward the strategy's goals. There is strong momentum for tobacco reduction in Alberta. The Tobacco Reduction Act ranks among the most comprehensive and protective legislation in Canada. ATRS stakeholders have created productive partnerships and continue to seek opportunities for expanded collaboration. Four out of five Albertans do not use tobacco, and there are now more ex-smokers than current smokers. There is public support for continuing to pursue the ATRS goals of prevention, cessation and protection.

This momentum must be sustained. Despite our advances, tobacco use remains the leading preventable cause of disease, disability and premature death in Alberta. It costs the Alberta economy more each year than alcohol or illicit drug use. One in 10 Albertans under the age of 18 is still exposed to second-hand smoke at home. And a new generation of youth will make choices about tobacco that will affect the rest of their lives.

This report outlines the current context of the ATRS, and describes the new goals and key approaches that will foster stakeholder collaboration in sustaining the momentum for tobacco reduction in Alberta over the next four years.

* In May 2008, Alberta Health Services (AHS) was formed and brought together partners in health care delivery from across the province, including the Alberta Alcohol and Drug Abuse Commission (AADAC).

Where we're going: Focusing efforts to 2011/2012

From the first consultation in Edmonton to the final one in Lac La Biche, all attendees made it clear that the first five years of the Alberta Tobacco Reduction Strategy had amazing results across the province. As clear as that message was, two other messages came across with equal emphasis: first, there is a need for continued vigilance within the strategy and, second, amendments are necessary to allow us to respond to emerging needs and evolving trends. — *2007 ATRS consultation report*

The ATRS has been instrumental in guiding the collective tobacco reduction efforts of community and provincial stakeholders, and in helping these partners achieve significant progress toward common goals. However, much has changed over the six years since the ATRS implementation began. Significant challenges remain, new challenges have emerged, and new opportunities have arisen for meeting these challenges.

The ATRS review and consultation process revealed that the strategy's principles and overall goals remain fundamentally sound, but that specific performance targets and key approaches to achieving these targets needed refocusing to maintain a multi-dimensional and sustainable approach to tobacco reduction over the strategy's next four years, and beyond.

At a glance: The Alberta Tobacco Reduction Strategy

Alberta Tobacco Reduction Strategy

VISION: to increase the wellness of Albertans and decrease health-care costs related to tobacco use

Principles

Comprehensive. Complementary. Collaborative. Sustainable.

ATRS goals for 2008/2009 to 2011/2012

The ATRS goals relate to three focus areas that are mutually reinforcing as part of a comprehensive tobacco reduction strategy. Progress toward these goals contributes to Albertans' wellness by preventing and reducing tobacco-related disease, disability and death, and contributes to substantial cost avoidance for Alberta's economy and health-care system over time.

Prevention: Prevent youth from beginning to use tobacco products, so that the rate of smoking by Albertans aged 15–17 is 9% or less by 2011/2012.

Preventing tobacco use among youth is a cost-effective method of reducing overall tobacco use in Alberta, and an integral part of a sustainable strategy. Prevention efforts focus on promoting and preserving health through activities and messages delivered at key transition points in young people's lives. Effective prevention efforts focus on the positive by recognizing people's strengths and skills. To ensure relevance, effective efforts involve members of the target population and people close to them, and respect cultural diversity (CDC, 2007).

Prevention efforts under the ATRS will be continued through enhanced population health approaches including school-based programs, community capacity building projects and public awareness campaigns.

Cessation: Encourage and assist current tobacco users to quit, so that the rate of smoking by Albertans aged 15 and older is 12% or less by 2011/2012.

Encouraging and assisting people to quit tobacco relates to all three ATRS goals. Those who quit reduce their own risk of tobacco-related disease and premature death, protect people around them from second-hand smoke, and serve as role models by promoting healthy behaviour change (CARBC, 2006). Cessation also results in enormous health-care cost avoidance, and substantial decreases in other expenditures such as fire damage and indirect costs due to lost productivity.

To achieve cessation targets by 2011/2012, a population health approach focused on the majority of smokers will be the first priority. This approach will be complemented by approaches aimed at reducing disproportionately high smoking rates among special populations.

Protection: Eliminate exposure to second-hand smoke in all indoor public spaces and all workplaces in Alberta.

The Tobacco Reduction Act has positioned Alberta as a leader in protective legislation. However, to ensure that the goal of eliminating second-hand smoke exposure in indoor public spaces and workplaces is met, the legislation must be effectively implemented and enforced. It must also be complemented by evidence-based legislation and policy interventions to prevent tobacco use and increase cessation.

ATRS stakeholders at all levels must also work together to ensure that Albertans remain aware of the harm caused by second-hand smoke (particularly to children), and that all Albertans are encouraged to make their homes and vehicles smoke-free. These activities will help to foster a social norm that all indoor smoking is to be avoided.

ATRS key approaches for 2008/2009 to 2011/2012

The following strategic approaches are based on current best practices and stakeholder feedback. They are intended to provide a framework for stakeholders to implement actions aligned with the ATRS principles and goals.

School-based programs
As part of a comprehensive tobacco reduction strategy, a school-based prevention approach is supported by addiction and prevention best practices (CDC, 2007). Alberta's education system affords opportunities to reach young people of all ages, and to focus tobacco-related curriculum materials on students in specific age groups. Existing school-based programming will be expanded.

Community capacity building
It is essential that ATRS stakeholders continue to sustain effective local action by providing leadership, expertise and resources. Municipal governments, community tobacco reduction coalitions and networks, Aboriginal organizations, service groups and employers have community connections and knowledge of local issues, and are best suited to adapt tobacco reduction messages and programs to local needs (CARBC, 2006).

Marketing, public awareness and communication
Effective marketing and public awareness campaigns contribute to the ATRS goals of prevention, cessation and protection. Campaigns will be developed to promote tobacco-free norms that counter misperceptions about rates of tobacco use and that counter tobacco industry marketing tactics. Though specific campaigns may deliver tailored messages to clearly defined audiences, overall efforts must address all components, incorporate multiple media for maximum reach, and be sustained over time to remain in the public consciousness (CDC, 2007).

Cessation programs
Sustaining, enhancing and promoting cessation services are necessary to support Albertans in their effort to quit smoking. Tobacco dependence treatments are both cost-effective and clinically effective: people who get help are twice as likely to succeed as those who try to quit on their own (AADAC, 2007c).

Effective approaches include tobacco use screening and brief advice given by a health professional to quit smoking (Fiore, 2000); more intensive approaches such as individual, group and telephone counselling, which provide social support and coaching on problem-solving skills; and pharmacotherapy such as over-the-counter nicotine replacement products or prescription medications.

The combination of counselling and medication is most effective (Perkins, Conklin, & Levine, 2008).

Existing cessation supports will be enhanced and expanded to increase utilization and effectiveness.

Policy initiatives

Policy initiatives in support of the ATRS goals include legislation and taxation, as well as other policies developed by government, municipalities, and public and private organizations. Ongoing policy development will help to prevent young people from starting to smoke, encourage current tobacco users to quit, and protect non-smokers from harmful exposure to second-hand smoke.

Alberta-specific policy options include further tobacco tax increases, recommendations for developing a new tax formula on loose-leaf tobacco, legislation prohibiting smoking in vehicles where minors are present, and cost-benefit analysis of pursuing cost-recovery litigation against the tobacco industry.

Developments in Canada suggest that litigation against the tobacco industry may become a feasible cost-recovery option for government. In September 2005, the Supreme Court of Canada unanimously upheld the 1998 lawsuit launched by the Province of British Columbia for the right to recover tobacco-related health-care costs.

Ongoing public discussion among partners, decision makers and other stakeholders is needed for all policy initiatives.

Research and evaluation

Sustaining the successes of the ATRS will require ongoing monitoring of tobacco research, access to expert consultation, and evaluation of programs and services. Exploring options to maximize the collective research capacity of ATRS stakeholders, and to put this research into practice through shared knowledge among stakeholders, will be particularly important during the next four years. Provincial ATRS partners and Health Canada also have opportunities to combine efforts to ensure a comprehensive, complementary, collaborative and sustainable research effort.

A comprehensive research plan and framework will be developed for evaluating program activities related to the three ATRS goals. The framework will include an update of ATRS logic models; clarification of relevant evaluation questions, indicators, data sources and collection methods; and recommendations for the next phase of evaluation activities. Given the large number of partners and the wide range of their activities, this evaluation framework will require involvement and support from key stakeholders.

Leadership and support

Strong leadership that begins at the provincial level is necessary to ensure a sustainable, effective and efficient strategy (CDC, 2007). Leadership of the ATRS must be supported by key regional and local stakeholders. The strategy

must also be viewed and implemented from a broad systemic perspective that incorporates expertise from a range of disciplines. This collaborative approach to leading and supporting the ATRS will be important in fostering implementation at the operational level.

Alberta Health and Wellness has demonstrated a commitment to leadership in promoting and protecting the wellness of Albertans through support for the ATRS goals. AHS–AADAC will continue to facilitate stakeholder efforts to ensure that strategic initiatives at the provincial level are implemented in a collaborative and co-ordinated manner.

ATRS stakeholders have an important role to play. By taking ownership of the strategy's principles and contributing their unique expertise and perspectives, stakeholders can assist each other in a collective effort to achieve the strategy's goals.

How we'll get there: Planned actions to 2011/2012

Moving forward, AHS–AADAC will continue working collaboratively with ATRS stakeholders to ensure that the key strategic approaches have the greatest impact. The key approaches have three objectives:

- to provide a framework for stakeholders to implement planned actions that are aligned with the ATRS principles and goals
- to provide opportunities for collaboration among stakeholders
- to afford individual stakeholders the flexibility to determine specific actions according to their mandates and capacities, and appropriate to local needs

Planned actions under each key approach are categorized by their primary focus on the ATRS goals of prevention, cessation or protection (bold check marks). Complementary goals are also identified where applicable (light check marks).

ATRS KEY APPROACHES	**ATRS GOALS**		
Planned actions	**Prevention**	**Cessation**	**Protection**
School-based programs			
Involve youth in ATRS activities.	√	√	√
Continue delivery and further development of school-based programming.	√	√	√
Broaden support for delivering tobacco-related curriculum programs to students in key transitional grades.	√	√	√
Continue supporting peer leadership programs by providing information and skill training, and facilitating expanded recruitment provincewide.	√	√	√
Work at the local, regional and provincial levels to ensure that students, teachers and parents have access to targeted, up-to-date information on tobacco use risks and benefits of quitting.	√	√	√
Enhance delivery of tobacco education to post-secondary students.	√	√	√
Community capacity building			
Ensure community capacity building efforts are culturally relevant.	√	√	√
Align effort with resources among health professionals, organizations and stakeholders.	√	√	√
Encourage stakeholder involvement in local tobacco reduction coalitions and networks.	√	√	√

Work with community tobacco reduction coalitions and other local groups to develop and implement bylaws that complement or exceed the provincial Tobacco Reduction Act.			√
Identify key target audiences and settings for which community activities will have the greatest impact on overall ATRS goals.	√	√	√
Consider emerging opportunities to facilitate knowledge sharing among coalitions and networks in communities separated by long distances.	√		√
Establish grant funding standards to support best practice for effective tobacco reduction programs, provide funding to organizations that can effectively reach specific populations, and build community support for activities that enhance protective factors and reduce risk factors known to influence tobacco use.	√	√	
Marketing/public awareness/communication			
Implement sustained and co-ordinated social marketing campaigns among stakeholders.	√	√	√
Seek marketing opportunities to support local initiatives (e.g., conferences).	√	√	√
Develop and implement a strategy for increasing public awareness of areas where non-smokers, especially children, are still exposed to second-hand smoke.			√
Conduct marketing campaigns to increase reach and utilization of the Smokers' Help Line and web-based support.		√	
Explore options and potential key audiences for Internet-based marketing approaches.	√	√	
Further develop a multi-stakeholder strategy to maximize media opportunities, and to ensure coverage supportive of ATRS goals and targets.	√	√	√
Cessation programs			
Support health-care professionals in screening patients for tobacco use, offering brief intervention and referring to appropriate cessation programs.		√	
Explore options for increasing access to cessation aids such as NRTs and prescription medications.		√	

Facilitate training opportunities and improved protocols aimed at maximizing effectiveness of telephone and online counselling.		√	
Increase reach and use of tobacco cessation counselling and other support.		√	
Support provincially co-ordinated cessation capacity building.		√	
Policy initiatives			
Implement evidence-based legislation and policy interventions to decrease tobacco use, increase cessation and protect people from second-hand smoke.	√	√	√
Support effective implementation and enforcement of existing tobacco legislation.	√	√	√
Advise on evidence-based policy options to discourage initiation of tobacco use.	√		
Advise on evidence-based policy options to further enhance protection for non-smokers.			√
Explore options for further tax increases on tobacco products, based on best practices.	√		
Research and evaluation			
Continue to monitor tobacco reduction best practices to inform both clinical practice and overall strategic direction.	√	√	√
Develop a comprehensive evaluation framework and research plan to monitor trends in tobacco-related behaviour and attitudes, track progress toward goals, and assess program implementation and effectiveness.	√	√	√
Explore options for combining data sources from multiple stakeholders to identify key target audiences for focused prevention, cessation and protection efforts.	√	√	√
Ensure that programs funded under the ATRS include evaluation components to ensure accountability and provide an evidence base to guide funding priorities.	√	√	
Transfer knowledge gained from research and evaluation to ATRS stakeholders and the public.	√	√	√

Leadership and support			
Foster cross-ministry initiatives and strategic linkages in support of ATRS goals.	√	√	√
Leverage the scope of provincewide health service organizations to link provincial initiatives with community-based actions in support of the ATRS.	√	√	√
Explore emerging Internet-based technologies to facilitate more frequent communication and consultation among stakeholders.	√	√	√
Encourage individual stakeholders to take ownership in the ATRS and to engage other potential stakeholders.	√	√	√

Why we're going there: The current environment

Much has changed since the ATRS was first implemented in 2002. These changes have affected the political, economic, social and technological contexts in which the strategy was originally developed. As a result, they have influenced the ways in which the ATRS goals and key approaches have been defined.

ATRS progress to date

ATRS stakeholders have made significant progress in reducing overall tobacco use in Alberta, preventing use among youth, and protecting Albertans from harmful exposure to second-hand smoke. (See appendices C and D for statistics on tobacco trends in Alberta since ATRS implementation, and highlights of other significant achievements to date.)

The ATRS vision and goals are intended to sustain progress toward the outcomes of increased wellness among Albertans and reduced preventable health-care costs. These outcomes support the Health and Wellness goal of health system efficiency, effectiveness, innovation and productivity by addressing the challenge of rising system costs.

Alignment with national tobacco reduction goals

Health Canada recently set a new prevalence goal and objectives for the Federal Tobacco Control Strategy. This national strategy is built on a foundation of prevention, protection, cessation and product regulation, and on strong relationships between federal, provincial and territorial governments to maintain Canada's leadership in global tobacco reduction efforts (Health Canada, 2008).

To ensure a complementary and collaborative approach, the ATRS prevalence targets related to cessation and prevention have been aligned with those of the federal strategy.

ATRS performance versus 10-year targets

Goal	Performance measure (Data source)	Pre-ATRS status	Current status	2011/2012 target
Cessation	Smoking rate, Albertans aged 15+ (Canadian Tobacco Use Monitoring Survey)	25% (2001)	21% (2006)	12%
Prevention	Smoking rate, Albertans aged 15–17 (Canadian Tobacco Use Monitoring Survey)	18% (2001)	13% (2005)	9%
Protection	Restricted exposure of non-smokers to second-hand smoke (Provincial and municipal legislation)	Some restrictions, but exposure not eliminated	100% provincewide smoke-free public places/workplaces (Tobacco Reduction Act)	100% provincewide smoke-free public places/ workplaces maintained

Public support for tobacco reduction

There is growing public support for all three goals of the ATRS:

- In a recent poll, 90% of Albertans surveyed supported the provincial government investing money in effective programs to prevent young people and teenagers from starting to smoke, and 81% supported an investment in assisting people trying to quit smoking (Pollara, 2007).
- In a 2005 survey, 81% of adult Albertans agreed that smoking should be banned in all workplaces, and 66% supported banning public displays of cigarettes in retail outlets (Ipsos-ASI, 2005). This suggests that the workplace smoking ban and the retail display restrictions of the Tobacco Reduction Act will be supported by most adult Albertans.
- In a national poll, 82% of Canadians surveyed (including 81% of Albertans) said they support a ban on smoking in vehicles with children younger than 18 years old. More than two-thirds (69%) of smokers surveyed also said they support such a ban (Canadian Cancer Society, 2008).
- In December 2007, the Nova Scotia government passed legislation prohibiting smoking in vehicles with children younger than 19. This legislation, which built on a local bylaw, is the first provincial legislation of its kind in Canada. The British Columbia and Ontario governments have announced their intention to introduce similar legislation.

Tobacco industry tactics

The tobacco industry adapts quickly to tobacco reduction measures:

- Discount cigarette brands have made large gains in market share over a short time, from 2% of total sales in 2001 to 44% of all sales in 2005. (Health Canada, 2006).
- In response to proposed federal regulations that would prohibit use of the terms "light" and "mild" on cigarette packaging, tobacco companies have renamed cigarette brands with words such as "smooth," "rich" and "subtle."
- In June 2007, the Supreme Court of Canada upheld tobacco advertising restrictions listed in the federal Tobacco Act. Despite this decision, tobacco companies that were voluntarily refraining from advertising are now promoting new cigarette brands in some Canadian magazines and local newspapers (Collier, 2008).
- In September 2007, Imperial Tobacco chose Edmonton as the first Canadian test market for "snus," a smokeless tobacco product. The tobacco industry is attempting to position smokeless tobacco products as less harmful alternatives to cigarettes (British American Tobacco, 2008).
- Tobacco companies are now marketing tobacco products that are flavoured to appeal to children. For many youth, trying these types of products could become a gateway to long-term tobacco use.

Current best practices in tobacco reduction

The original ATRS key elements were adapted from best practices recommended by the U.S. Centers for Disease Control. In 2007, CDC updated its recommendations, providing a strong rationale and a solid evidence base for refocusing the ATRS. The current CDC best practices emphasize integration and innovation in the following areas:

- provincial and community interventions
- health communication interventions
- cessation interventions
- surveillance and evaluation
- administration and management

In 2008, the World Health Organization (WHO) reported on tobacco use and tobacco reduction efforts worldwide. Evidence from the report indicates that provincial tobacco reduction efforts contribute to Canada's leadership in global tobacco reduction. The report also outlines key tobacco control measures, which include

- monitoring tobacco use and prevention policies
- offering help for cessation
- protecting people from tobacco smoke

The refocused ATRS key approaches are consistent with the CDC and WHO recommended approaches.

Conclusion

"To make an end is to make a beginning." —*T.S. Eliot*

For Albertans, March 31, 2012 will be another milestone rather than an end. Like similar strategies in other jurisdictions, the Alberta Tobacco Reduction Strategy must continue well beyond that date. It is a sound plan that is adaptable to changing conditions and innovative approaches, and we are building the partnerships to see it through. With renewed energy and focus, we will sustain the momentum toward a tobacco-free future for all Albertans.

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Appendix A

Since 2002, the Alberta Tobacco Reduction Strategy stakeholders have been committed to reducing tobacco use in Alberta. Their input was essential in shaping the course of the ATRS for the next four years, and in ensuring sustained collaboration and mutual support among all stakeholders.

ATRS Provincial Advisory Committee

Special thanks to the ATRS Provincial Advisory Committee members representing the following organizations:

Alberta Alcohol and Drug Abuse Commission
Action on Smoking and Health
Alberta Cancer Board
Alberta Medical Association
Alberta Urban Municipalities Association
Canadian Cancer Society
Capital Health
David Thompson Health Region
Health Canada
The Lung Association

ATRS consultation stakeholders

In June 2007, more than 150 participants provided their input during consultation workshops held in six communities (Edmonton, Calgary, Grande Prairie, Lethbridge, Camrose and Lac La Biche) representing large urban, mid-sized urban and rural perspectives. The participants represented the following stakeholders:

Action on Smoking and Health
Alberta Children's Services
Alberta Dental Association
Alberta Gaming and Liquor Commission
Alberta Health Services including:

- AADAC Tobacco Reduction Consultants
- AADAC Tobacco Reduction Counsellors
- Alberta Cancer Board
- Aspen Health Region
- Calgary Health Region
- Capital Health
- Chinook Health
- David Thompson Health Region
- East Central Health
- Northern Lights Health Region
- Palliser Health Region
- Peace Country Health

Alberta Health and Wellness
Alberta Heart and Stroke
Alberta Medical Association
Alberta Pharmacists' Association
Alberta Prenatal Health Program
Alberta Public Health Association
Alberta School Board Association
Alberta Solicitor General
Aspen Family Services
Aventa Addiction Treatment for Women
Bosco Homes
Calgary Young Offenders Centre
Camrose Tobacco Reduction Coalition
Canadian Cancer Society
Central Alberta Tobacco Reduction Action Coalition
Chiefs of Police and Representatives
City of Calgary
City of Camrose
College of Registered Dental Hygienists of Alberta
Cool Aid Society
Department of Anesthesiology, University of Alberta Hospital
Department of Dentistry, University of Alberta
Department of Nursing, Grande Prairie Regional College
Distress Centre
Enviros Wilderness School Association
Fresh Start Recovery Centre
Grande Prairie Regional College
Health Canada
Heart and Stroke Foundation
Kapown Rehabilitation Centre
Lac La Biche Canadian Native Friendship Centre
Lakeland Centre for FASD
Lethbridge College
Lloydminster Action for Smoke Free Places
The Lung Association, Alberta & NWT
McMan Youth Services
Métis Nation of Alberta
Métis Settlements General Council
Mount Royal College
Olds College
Peace Association for Lifelong Learning
Peace River Correctional Centre
Portage College
Public Health Agency of Canada
RCMP 'K' Division
Tobacco Reduction Coalition of Southeast Alberta

Tsuu T'ina Nation Police Service
Shining Mountains Living Mountain Service
Smoke Free Airdrie
Smoke Free Bow Valley
St. Albert Family and Community Social Services
Strathcona County Family and Community Services
University of Alberta researchers

Appendix B

Where we began: The ATRS in 2002

The Alberta Tobacco Reduction Strategy was originally outlined in an interdepartmental committee report entitled *Reducing Tobacco Use in Alberta: A Comprehensive Strategy* (AADAC, 2001). The strategy that evolved from this report was introduced in April 2002 as a comprehensive 10-year plan to increase the wellness of Albertans and decrease health-care costs related to tobacco use.

Principles

The ATRS was defined by four overarching principles.

- Comprehensive: An approach that includes focused programs, along with taxation and legislation, is needed to reduce the tobacco use rate in Alberta.
- Complementary: Provincial and municipal laws and initiatives need to complement each other.
- Collaborative: Provincial, municipal and community agencies need to work together to address tobacco reduction to ensure mutual knowledge and support.
- Sustainable: To be effective, programs must be sustained over a long period of time.

Goals

The goals of the ATRS were to increase the wellness of Albertans and decrease health-care costs related to tobacco use. Specifically, the strategy aimed to reduce disease, disability and death related to tobacco use in Alberta by

- reducing the number of young people starting to use tobacco (prevention)
- encouraging and helping current tobacco users to quit (cessation)
- reducing non-smokers' exposure to second-hand smoke (protection)

Outcomes

The desired outcomes of the ATRS were

- prevention of Alberta youth from beginning to use tobacco
- reduced tobacco use by adults and youth
- restricted exposure of non-smokers to second-hand smoke
- reduced tobacco-related health-care costs in Alberta

Performance targets

Specific ATRS performance targets to be achieved by the end of 2011/2012 included both general population and specific population targets, as follows:

- reduce the rate of smoking by all Albertans aged 15 and older from 25% in 2001/2002 to 17.5% in 2011/2012 (based on results of the Canadian Tobacco Use Monitoring Survey)
- reduce the rate of smoking by Alberta youth aged 15 to 19 from 24% in 2001/2002 to 12% in 2011/2012 (based on results of the Canadian Tobacco Use Monitoring Survey)
- reduce the percentage of women who smoke during pregnancy from 32% 2001/2002 to 12% in 2011/2012 (based on results of the Canadian Community Health Survey)
- reduce the overall amount of tobacco products consumed in Alberta by 50% from 2001/2002 to 2011/2012 (based on Alberta Finance annual statistics on tobacco product sales)

Elements

The ATRS was made up of six elements adapted primarily from best practice recommendations by the U.S. Centers for Disease Control (CDC). These elements provided a framework to guide stakeholder activities:

- leadership and co-ordination
- taxation as a prevention strategy
- prevention and education
- reduction and cessation
- research and evaluation
- legislation to restrict access and exposure

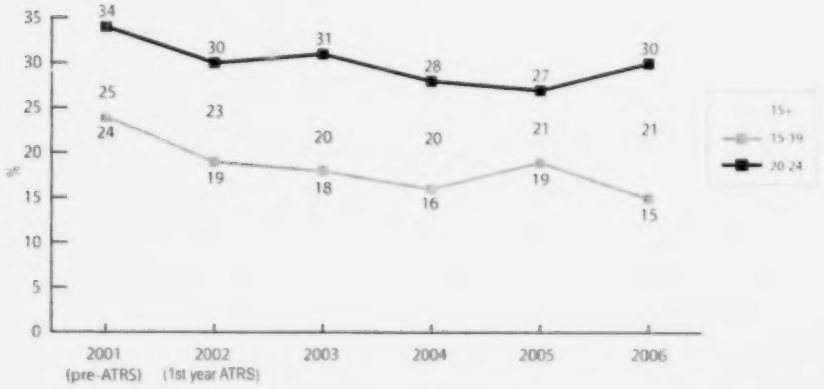
Appendix C

Tobacco use trends in Alberta

There was an overall trend of sustained reduction in smoking rates during the first three years of ATRS implementation (2002/2003 to 2004/2005). In particular, the rate among youth aged 15 to 19 decreased substantially.

The rate of progress has slowed since 2004/2005, especially among young adults aged 20 to 24: the smoking rate among this age group has remained the highest among all age groups, and although it has decreased overall since 2001, it increased three percentage points between 2005 and 2006 in Alberta, and increased one percentage point in Canada during the same year.

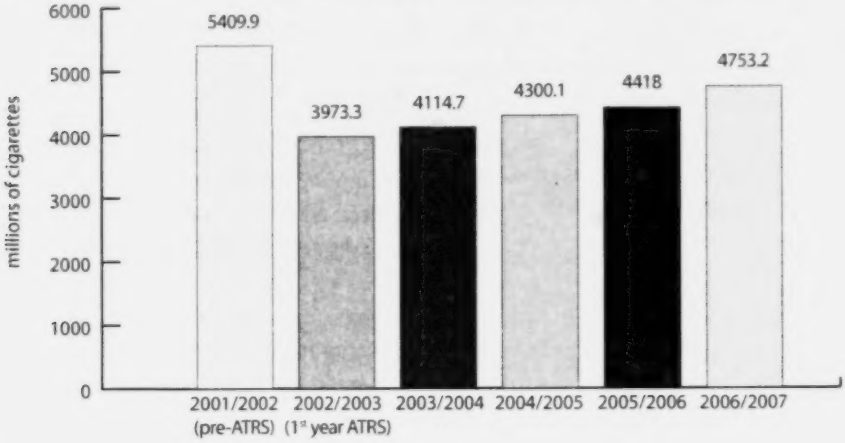
Smoking Rates in Alberta by Age Group, 2001 to 2006



Source: Statistics Canada, Canadian Tobacco Use Monitoring Survey 2001, 2002, 2003, 2004, 2005, 2006 cross-sectional samples.

A related but different trend is apparent in tobacco product sales, as shown in the graph below. After dropping sharply in 2002/2003, sales volumes have slowly increased in each subsequent year.

Annual gross sales volumes of cigarette equivalents in Alberta



Source: Alberta Finance and Enterprise

The figure above does not account for the effect that population and economic change can have on cigarette sales volumes in Alberta. Therefore, this measure does not provide a comprehensive view of provincial tobacco product sales.

Appendix D

Highlights of ATRS achievements

The following are some of the achievements resulting from the collective activities of ATRS stakeholders over the last six years. These achievements suggest directions for ongoing stakeholder efforts over the next four years. They also demonstrate a point raised often during the stakeholder consultations: that the development of the strategy itself was a significant achievement.

Prevention

- The smoking rate among Alberta youth aged 15 to 19 dropped from 24% in 2001 to 15% in 2006. An increasing majority of youth in this age group are not smoking.
- School-based programs and resources, such as Teaming Up for Tobacco-Free Kids curriculum resources, The Lung Association's Building Leadership for Action in Schools Today (BLAST) program, and AHS–AADAC's lesson plans aligned with Alberta Education curriculum goals, allowed ATRS stakeholders to target youth in key grades provincewide.
- Community-based projects supported by over $10 million in grant funding complemented provincial activities by giving stakeholders opportunities to create projects tailored to local needs and targeted to specific populations.
- Mass media campaigns and earned media coverage enhanced public awareness of the health risks of tobacco use and marketed the benefits of cessation support. The most successful of these campaigns, featuring Barb Tarbox and her messages to youth, generated much higher rates of recall by the target audience than typically expected in health marketing campaigns (AADAC, 2003).
- Many ATRS stakeholders used annual public awareness events such as World No Tobacco Day and National Non-Smoking Week as focal points for planned community activities integrated with key messages at the provincial level.
- The Alberta Spit Tobacco Education Program raised the profile of smokeless tobacco as a health concern in Alberta by increasing awareness of the health risks of smokeless tobacco use, countering associations of smokeless tobacco with sports, and working with oral health professionals to promote screening patients for smokeless tobacco use.

Cessation

- Smoking rates among Albertans of all ages were reduced, resulting in substantial long-term benefits to the health of Albertans and to the health-care system. Within the first three years of ATRS implementation (2002/2003 through 2004/2005), the reduced prevalence of tobacco use resulted in an estimated long-term annual cost avoidance to the Alberta economy of $465 million. This cost avoidance is nearly 40 times the Government of Alberta's average annual investment in the ATRS during the same period (AADAC, 2005).

- The Smokers' Help Line, a toll-free and confidential provincewide telephone service offering information, cessation counselling, referrals and follow-up support, was implemented in 2002/2003. A fax referral service was recently introduced to help primary health-care professionals facilitate a link between the helpline and patients interested in receiving telephone counselling.
- albertaquits.ca, an online cessation program offering information, counselling and a mutual support community for people attempting to quit smoking, was introduced in 2005 as a partnership between The Lung Association, the Canadian Cancer Society and AHS–AADAC. The website has received more than three million hits since implementation.
- In 2003, AHS–AADAC began offering individual and group tobacco cessation support in residential treatment sites as part of its addiction treatment programming. AHS–AADAC and community partners also began delivering Kick the Nic, a cessation program specially designed for teens, in school and community settings.
- ATRS grant funding supported brief intervention training for health professionals including physicians, nurses, dental hygienists and mental health therapists. Brief interventions are a cost-effective and clinically proven approach to promoting cessation among patients (CDC, 2007). The Alberta Cancer Board's Tom Baker Clinic provides group cessation counselling in person and via teleconference.
- A program inventory conducted by the Alberta Cancer Board (2007) identified more than 55 organizations in Alberta that were delivering more than 100 tobacco reduction programs. Programs offered by regional health authorities made up nearly half of the total.

Protection

- The Tobacco Reduction Act, which took effect January 1, 2008, prohibits smoking in public places and workplaces provincewide. The act also prohibits smoking in public vehicles, and within five metres of a doorway, window or air intake to any public place or workplace. Further provisions effective July 1, 2008 prohibit retail displays, advertising and promotion of tobacco products. As of January 1, 2009, tobacco sales will no longer be permitted from health-care facilities, public post-secondary campuses, pharmacies and stores that contain a pharmacy.
- The impetus for the Tobacco Reduction Act began at the community level, with tobacco reduction coalitions advocating for smoke-free bylaws in their communities. As of June 1, 2007, 21 municipalities had passed or were set to pass "Gold Standard" bylaws providing for 100% smoke-free public places (Alberta Cancer Board, 2007).
- In 2002, Alberta implemented the largest single tobacco tax increase in Canadian history, including a tax increase of $2.25 per pack of 25 cigarettes. The following year, there was a 28% reduction in per capita tobacco consumption (Alberta Cancer Board, 2007). In 2007, Alberta increased cigarette taxes by 16%, or $5.00 per carton of 200 cigarettes.

- The proportion of Alberta youth under 18 exposed to second-hand smoke in their homes dropped from 22% in 2001 to 10% in 2006 (Health Canada, 2007). Though this trend is not a direct result of protective legislation, it indicates a positive shift in social norms regarding tobacco use in private spaces.

Alberta Health Services

Alberta

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